



Australian Government

Comcare

Debtor No

Comcare use only

DEBTOR CREATION FORM

DEBTOR DETAILS

Debtor name	<input type="text"/>				
ABN/ACN	<input type="text"/>				
Postal address	<input type="text"/>				
	State	<input type="text"/>	Postcode	<input type="text"/>	
Phone	<input type="text"/>	Fax	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>				
Contact name	<input type="text"/>				
Position	<input type="text"/>				

Please email completed form to your Comcare Contact Officer

COMCARE USE ONLY

Debtor type	<input type="checkbox"/> Claim	<input type="checkbox"/> General	<input type="checkbox"/> Licence	<input type="checkbox"/> OHS Only	<input type="checkbox"/> Premium	<input type="checkbox"/> Staff	<input type="checkbox"/> Xpay
Term days	<input type="text"/>						
Related Gov Dept	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Details entered by	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	
Details confirmed by	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	